

2015 ADULT MENTAL HEALTH CONFERENCE: PROMOTING HEALTH, WELLNESS & RECOVERY

Six Core Strategies©: Establishing a culture of care
that is trauma-informed, recovery and resiliency
oriented to reduce the use of Seclusion and Restraint



VCPI – Who We Are

VCPI is a new type of organization founded in 2013: a statewide membership based cooperative, focused on practice improvement, workforce development and building sustainable implementation capacity in the Vermont Mental Health and Substance Abuse systems of care.

www.vtcpi.org



Our Philosophy

- Beyond Training: Learn By Doing
- Work Cooperatively, Not Independently
- Promote Collaborative & Innovative Thinking
- Expand Efficiency and Effectiveness, Not Cost
- Sustainability



Six Core Strategies© Initiative & Learning Community

- Statewide initiative aimed at reducing seclusion and restraint in the Level 1 hospitals in Vermont
- Year 1
 - Hospital Site Visits
 - Action Plans
 - 2-Day Six Core Strategy© Training
 - Learning Community
- Year 2
 - 2-Day Six Core Strategy©
 - Learning Community



Key Partners: State, Peers, Advocates, Hospitals, Families, Nurses, Agencies, Peers

Six Core Strategies©

1. Leadership toward Organizational Change
2. Use of Data to Inform Practice
3. Workforce Development
4. S/R Prevention Tools
5. Consumer Roles in Inpatient Settings
6. Debriefing Techniques



**Safety is at the
core of our care!**



Vermont Psychiatric Care Hospital

VERMONT
PSYCHIATRIC
CARE
HOSPITAL

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6, 2015

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SPECIALIST**

**Vermont Psychiatric
Care Hospital**

**Six Core Strategies
Implementation**

VERMONT PSYCHIATRIC CARE HOSPITAL

Six Core Strategies Goals:

**For VPCH to be a safe environment for
patients and staff.**

To have as few Emergency Involuntary Procedures as possible.

LEADERSHIP TOWARDS ORGANIZATIONAL CHANGE

ACCOMPLISHMENTS

- Implemented Six Core Strategies in the first year of VPCH opening
- Diverse Six Core Strategies workgroups that include family members, community members, DRVT advocate, and DMH Central Office staff
- High level review and analysis of every Emergency Involuntary Procedure by VPCH Executive Leadership
- Creative and flexible ways to use Recovery Services spaces
- Prevention of Emergency Involuntary Procedures by creating low stimulus environments
- Review of policy and procedures to identify ways to support treatment in a least restrictive environment

WORKGROUP ACTIVITIES

Leadership Committee: review of EIP and assault data, feedback and consultation to other Six Core Strategies workgroups, drive work plan from Dr. Huckshorn site visit and consultation calls

Data workgroup: analysis of EIP and assault data, consistently make data available to staff, meet staff requests and suggestions for monthly data reports

Seclusion and Restraint Prevention Tools workgroup: MOAS Violence Assessment tool, Sensory Exploration Checklist, assessment of trauma history, aggression control behavior scale, collaboration with NH state hospital and Bridgewater State Hospital, Maine

Consumer Roles workgroup: review of Focus groups and updated Patient Handbook, development of Visitor/ Family guide

CHANGE IN CULTURE OF CARE

- Moving away from seclusion and restraint as a safety measure
 - Learning how EIPs can be prevented
 - Understanding about the impact of seclusion and restraint on individuals with a history of trauma
- Shift in culture of care
 - To prevention and nonviolence
- Accepting that this shift in culture takes time
- Requires identification of staff training needs and providing ongoing support and education

DEBRIEFING WORKGROUP

Review and Revision of Patient and Staff Debriefing Process

- **Baseline Audit: December 2015**
 - 50% completion of patient debriefings
 - 55% completion of staff debriefings
 - **June 2015 audit**
 - 80% completion of patient debriefings
 - 93% completion of staff debriefings
- Ongoing goal of 90% completion rate
-
- **Formalize process for EIP analysis and feedback to direct care staff**

DEBRIEFING WORKGROUP

PURPOSE

- Review current process
- Identify needed changes
 - Documentation of patient debriefings/ attempts at debriefings
 - Training for nursing staff completing debriefings
 - Establish and communicate completion expectations
 - Close the data/analysis/feedback loop. Improve process and practice.

METHOD

- Workgroup meetings
- Literature review
- Target goals set in performance improvement initiative
- Interventions and Action plan
- Pilot interventions
- Gather feedback
- Evaluate outcomes

DEBRIEFING INTERVENTIONS

- Development and distribution of Debriefing Principles
- Patient debriefing
 - Completed within 24 hours
 - RN assigned
 - Multiple EIP's
- Staff debriefing
 - Conducted by supervisor
 - Completed by end of shift
- Revision of patient and staff debriefing forms
 - Data vs Content
 - Language
 - Open ended/ qualitative format

FOLLOW UP

- Communication of debriefing plan to nursing staff
- Quality Department auditing and workgroup participation
- 60 day Pilot of interventions
- Analysis of debriefing content & feedback
- 90% completion rate goal

WORKFORCE DEVELOPMENT

CURRENT EFFORTS

- Person First Language Campaign
- Trauma Informed Care In-services
- Co-Occurring Diagnoses in Mental Health & Substance Abuse eLearning Pilot

FUTURE DIRECTIONS

- Establishing a Core Knowledgebase
- Maintaining a Healthy & Happy Workforce

FUTURE GOALS

- **Continue to build momentum, continue to engage and involve staff across hospital departments**
- **Identify natural leaders among nursing staff**



Brattleboro Retreat

**Proactive engagement to
raise awareness through a
Trauma Informed Lens: Six
Core Workgroup**

Bill Marrapese, MSN, RN

October 2015

Our History

- ❖ Patient Engagement was hampered by:
 - ❖ Staff fear and anxiety
 - ❖ Perception of the need to call Security(police)
- ❖ Starting in 2012, Retreat policy changed,
 - ❖ Police could no longer be called for behavioral emergencies
 - ❖ Core staff received advanced crisis prevention training
 - ❖ Security became a support on campus, not the primary response



Stressors & Staff Engagement

Staff Fear and Anxiety– advanced training and creation of an Early Responder team

External Regulatory pressure – leads to staff fear of doing the wrong thing – decreasing engagement

Staff Turnover and Unit Acuity – a focus on engagement starts with engaging staff

Intensive Unit patient turnover – unit stabilization constantly in flux



Challenges & Acuity-2015

- ❖ Restraints have increased compared with 2014, with the majority happening within Adolescent and Adult Intensive
- ❖ Approximately 70% of hands-on interventions happens with 1-2 patients per unit
- ❖ Adult Intensive Unit experienced a 50% increase in patient turnover (vs. 2014 admissions) precipitating numerous restraints prior to patient stabilization
- ❖ Adolescent Unit experienced change in leadership and significant influx of new clinical staff precipitating the need for new team development while treating the most acute children



Workforce Development

- ❖ Early Responder team;
 - ❖ leaders in patient care
 - ❖ excellent in educating core staff in proactive de-escalation
- ❖ Education focused on the use and relevance of Patient and Staff Debriefings linked to near consistent results
- ❖ Monthly Crisis Prevention trainings open to all clinical staff;
 - ❖ 10% increase in attendance (2014 v 2015 YTD)
 - ❖ majority of attendees are new staff
 - ❖ focused on growing a sense of proactive engagement with all patients



Consumer Engagement

- ❖ Collaboration with Consumer Advisory board to create transparency of data and practice
- ❖ Active engagement with VPS and DRVT to create cooperative advocacy
 - ❖ Present at new staff orientation
 - ❖ 5 advocates round weekly on inpatient units
- ❖ Inclusion of internal Patient Advocate position to act as internal and external patient care/after-care liaison



Team Based Leadership

- ❖ Six Core workgroup created in November 2014 consisting of executive leadership, core staff, consumer advisory, and clinical management
- ❖ Adolescent specific crisis prevention team training PI created based on workgroup recommendations
- ❖ Child unit PI focus on engagement August 2015, celebrated 75 % successful de-escalations (August 2015 snapshot, 60 de-escalations to 20 restraints)
- ❖ Early Responder team successfully led practice change to immediate supine roll for any floor restraints with rapid education of 450 staff over 2 month period



Contact

For more information

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UVMHealth.org/MedCenter

6 Core Strategies for the Reduction of Seclusion and Restraint

Katharine Monje RN, Nurse Manager Inpatient Psychiatry

Heidi Guevin RN, Quality Improvement Consultant

THE
University of Vermont
MEDICAL CENTER

What does this mean at the University of
Vermont Medical Center?



UVMMC Mission and Goal

Mission Statement

Our mission is to partner with the individuals in our care to provide a safe, supportive and therapeutic environment that strives to avoid the need for seclusion and restraint

Goal Statement

Our goal is to maintain a safe environment, free from violence and coercion. This goal will be achieved through early identification and intervention of escalating behaviors, enhancement of diversional activities and the utilization of coping tools and plans.

Identified Opportunities from Consultant Onsite Visit

- Certified Peer Recovery Specialists
- Education regarding the intent of 6 Core Strategies and primary goal of 'Safety First'
- Modifications to Patient Handbook
- Court Ordered Medication: barriers at the legislative level

UVMHC Efforts

- Multi-Disciplinary Team Meeting Bi-Weekly
 - Nursing staff, Mental Health Tech staff, Patient Advisor, Activity Therapist, Physician, Social Work, Security, Nursing Leadership, Educator, Quality
- Brainstorming Sessions completed
 - Three, 2.5 hour sessions
- Internal Gap Analysis conducted
- Project Plan identified

UVMMMC Internal Gap Analysis

Suggested Best Practice	Suggested Best Practice Strategy	Current	Opportunities
Using Data to Inform Practice	Collect and graph baseline data on s/r events to include at a minimum – incidents, hrs, use of involuntary meds and injuries	Yes audits done. Data reviewed and disseminated at quality committee, community quality meeting, and EIP committee ?staff meetings, what is community quality meeting	STATIT Dashboard- common platform to display and disseminate data. Dissemination of data to all staff (including security)
	Set goals and communicate to staff		Set visible targets in STATIT
	Chose standard core and supplemental measures (incidents info, type of restraint, pt involvement in debriefing, pt demographics- gender, race, diagnosis)		Review all data currently compiled, identified additional data needs that will <u>drive change</u>
	Leadership access to data that represents individual staff member involvement in s/r to identify training and educational needs (confidential)		Identify what/how track.
Workforce Development	Introduce recovery/resiliency, prevention, and PI theory and rational to staff		Staff education on Trauma informed care,basis for 6 core strategies, etc identify forums for staff to receive info. Align with open dialogue Shift/staff champions
	Appoint a committee and chair to address workforce development agenda and lead change		
	Revise organizational mission, philosophy and policies to address s/r theory and principles	Group identifying mission and goals	Review p&p to align
	Assure for education/training for staff at all levels in theories and approaches	Proact, S/R work group, Trauma Informed care. Unit champions/consistent charge RN. Nursing inservices	Review and modify presentations. Establish forums and timeframes for education/refreshers
	Staff to challenge current 'rules' for logic and necessity		Review dangerous items policy, pt. jewelry. Include this idea/culture in education
	Empower staff for involvement and input into 'rules'		Leverage NPC for input into P&P
	Include HR in planning and implementation efforts – skill and ability considered mandatory in staff, JD's		Review job descriptions for all roles on psychiatry

UVMMMC Project Plan

Using Data to Inform Practice- Katharine Monje						
%	Milestone Status	Actions	Assigned	Start Date	End Date	Comments
0%		1 Review all data currently compiled and identify additional data needs that will drive change	K. Monje			Cognos reporting currently used, does not have 2014 data. Julie Blondin in BI working on Q3 October.
0%		2 Create a STATIT Dashboard with targets	H. Guevin/ B. Paquin			Meeting with Mike Gianni (Measurement), Katharine, Heidi and Beth on Weds 9/16
0%		3 Identify consistent forums and timelines for dissemination of data				
0%		4 Identify mechanism to track staff involved in S/R events and action plan				Review current data collected re: S/R events, identify opportunities for improvement.
50%		5 Explore development of multidisciplinary User Dashboard				Continue to explore internal options in creating real-time unit dashboard.
Workplace Development- Elaine Koenig, Julie Shasteen						
%	Milestone Status	Actions	Assigned	Start Date	End Date	Comments
0%		Staff survey to assess knowledge base and identify education needs	E. Koenig/ J. Shasteen/ S. Ward/ B. Paquin			Incorporate into staff recognition survey
0%		1 Identify Education Plan to include forums, timeframes, staff involved-				introduction at psych staff meetings week of 9/14- Heidi to create presentation. Will look to get on agenda for PSS and Sec staff meetings.
50%		1a Review all education presentations currently in use				Elaine to review to ensure current presentations (MOAB, Proact) are in alignment with 6CS/ Trauma-informed care
		1b Identify external education materials				Explore educational materials available through external organizations
50%		1c Identify educational forums and modalities				Journal Group, explore other modalities
50%		1d Incorporate Sim Lab	E. Koenig/ J. Shasteen K. Melo/ J. Conry			Sim lab used for BNC training; Security currently doing verbal de-escalation simulation with ED group. Residents completed verbal de-escalation sim.
50%		2 Extension of Proact to all staff members that care for patients on psychiatry				Jim to f/u with Jack Conry about having Security Supervisors understand Proact; ANC supervisors as well? Include PPS?
50%		3 Cross-training with Open Dialogue SME's				Send Meeting Planner to Kevin Huckshorn to request what other organizations have done to implement open dialogue.
0%		4 Identify shift/staff champions				
0%		5 Review P&P- dangerous items, pt jewelry				
0%		6 Review Job descriptions				
0%		7 Create standardized reference tools				Ensure staff have access to standardized reference tools re: de-escalation techniques, etc.
50%		8 Implementation of Person-first language				Elaine held Journal Group focused on person-first language. Continue to incorporate into BNC
0%		9 Facilitation Training for debriefs (similar to RCA)				

Additional Action Items

- Leadership toward organizational change
 - Engagement of off-shift and cross departmental staff, staff and management relationship building, trainings/conferences for staff
- Using data to inform practice
 - Identify consistent forums and timelines for dissemination of actionable data, create a common platform for data to reside (STATIT)
- Workplace development
 - Identify education plan, identify shift/staff champions

Additional Action Items

- Use of seclusion and restraint tools
 - Review and modify current assessment tools, modify S/R language on admission
- Consumer roles in inpatient settings
 - Modify questions for focus groups, revisit daily Community Meeting
- Debriefing techniques
 - Review and modify current debriefing processes, inclusion of unit leadership in every debriefing, identify designated debriefing facilitator and provide training

Thank-You!





Six core Strategies: Changing Our Culture

Psychiatric Services Inpatient Unit (PSIU)

Lesa Cathcart, MSA, BSN, RN-BC
Director of Nursing

Julia H. Fonte, BS, RN-BC
Clinical Educator

Katelynn Brown, RN
RN Case Manager

October 6, 2015

Six core Strategies: Changing Our Culture

■ Planning our Work:

1. Consultation
2. Self-Assessment of Current State
3. Developing a structure
4. Establishing Priorities



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Priorities for the year Ahead

■ Leadership Committee:

Sponsor: CEO Tom Huebner

1. Decision Making Process for patient centered interventions
2. Staff Recognition Plan
3. Policy Revision



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Priorities

- Data Committee:
- Sponsor: Gordon Frankle, Medical Director
- 1. Data Collection
 - 1. Determining our baseline
 - 2. Setting improvement goals
 - 3. Monitoring over time

Priorities

■ Debriefing

- Defining the structure
- Documentation
- Policy

Peer Involvement and Voice

Involvement of individuals in recovery in
a variety of roles



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Workforce Development Committee

- 3 Goals – achieve within 1 year
- 4 Subcommittees – working on individual subgoals

#1: Formal **Education** on Trauma Informed Care that fosters a culture of recovery – Mandatory for all staff

August

- 3 Hour **Intro to Trauma-Informed Care**
- By SAMHSA's National Institute on Trauma Informed Care
- Evaluations
 - Overall Huge Learning Curve for participants

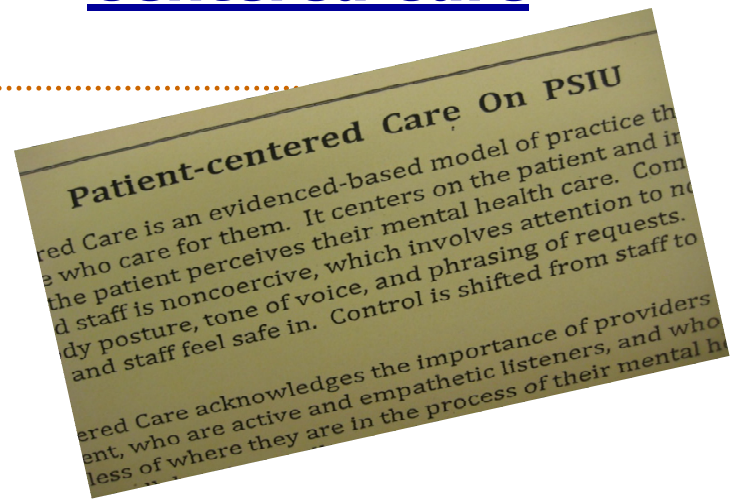
October

- Full day conference
- **"Trauma-Informed Treatment: Working with the Neurobiological Legacy of Trauma"**
- Presented by
Janina Fisher, Ph.D.



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#2: Implement a culture of Patient-Centered Care



https://commons.wikimedia.org/wiki/File:000Vegetarian_food.jpg



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#3: Develop a Collaborative **Support/Recognition Program** for staff

Colleague Recognition



Interdisciplinary Supervision & Case Studies

- In the works
- Plan: Once a month

Prevention Tools Committee

■ Our 3 goals:

- Utilize existing space
- Create sensory rooms/areas
- Create a “tap out” protocol and educate staff



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Prevention Tools Committee

■ Utilize Existing Space

- Garden in the Atrium, Mural on exercise room wall,
- DVD player in all multipurpose rooms, Sensory cart/area in consult room



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Prevention Tools Committee

■ Create Sensory Room

- Mobile plastic cart with a drawer for each of the senses
- All items are considered safe and all items are easily replaced
 - stress balls, candies, lotions, weighted blankets, battery powered massagers, theraputty

■ Create a tap out protocol

- Code word used to signal when a staff member should remove themselves

Prevention Tools Committee

■ What's left?

- Tap out protocol - writing up the actual protocol for review by workforce development
- Trial of the sensory cart on our Level 1 unit before implementing on the general unit
- Finalize the mural - working with maintenance

Changing Our Culture



- Any Questions?

- Thank you!

Questions?

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